

stick ID LABEL here



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## **Project HOPE**

**BASELINE QUESTIONNAIRE**

TIME INTERVIEW BEGAN: |\_\_|\_\_| : |\_\_|\_\_| am / pm

In order for the survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the answer cards that are in the folder you were given in the clinic (after you completed answering the questions on the computer) to help you answer some of the questions. I will be referring to them as we go.

If you have any questions, please let me know. If not, we can start.

### Section A. Demographic Information

First, I'd like to ask some questions about you, and your household and family.

1. Including yourself, how many people currently live in your household? |\_\_|\_\_|

1a. How many of these people are under 18 years of age? |\_\_|\_\_|

NONE .....00 → **SKIP TO Q. 2**

1b. Of these people who are under 18 years of age, how many are your natural children? |\_\_|\_\_|

2. How many children under 18 years of age do you have who do not stay in this household?

NONE ..... 0

ONE ..... 1

TWO ..... 2

THREE ..... 3

MORE THAN THREE ..... 4

3. What is your current marital status? Are you . . .

Single, never married, ..... 1

Married, ..... 2

Separated, ..... 3

Divorced, ..... 4

Widowed, or ..... 5

Living with a partner? ..... 6

4. What is your date of birth? |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
MO DAY YEAR

5. Were you born in the United States or some other country?

UNITED STATES ..... 1 → **SKIP TO Q. 6**

OTHER COUNTRY ..... 2

5a. In what country were you born? \_\_\_\_\_

6. What is the highest grade in school you have completed? Please do not include vocational or technical training.

LESS THAN HIGH SCHOOL.....1

HIGH SCHOOL GRADUATE OR GED .....2

SOME COLLEGE.....3

COLLEGE DEGREE .....4

POSTGRADUATE .....5

7. Have you ever had any vocational or technical training?

YES ..... 1

NO ..... 2

8. Are you currently enrolled in school?

YES ..... 1

NO ..... 2

9. Do you currently work either part time or full time at a job for pay? Please include odd jobs like babysitting or pickup work, and temporary jobs, as well as regular, steady jobs. (IF “YES”, PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME..... 1 → **SKIP TO Q. 9b**

YES, PARTTIME ..... 2 → **SKIP TO Q. 9b**

NO ..... 3

- 9a. Were you working either full time or part time before you became pregnant this time? (IF “YES”, PROBE IF FULLTIME OR PARTTIME.)

YES, FULLTIME..... 1

YES, PARTTIME ..... 2

NO ..... 3 → **SKIP TO Q.10**

- 9b. I am going to read four categories of occupations. Please tell me which one best describes the main job you (have/had). (INTERVIEWER: IF “DON’T KNOW”, SPECIFY JOB TITLE UNDER “OTHER”. )

Sales or Service ..... 1

Clerical or Administrative Support ..... 2

Manufacturing, Construction, Maintenance, or Farming ..... 3

Professional, Managerial, or Technical ..... 4

OTHER (SPECIFY) ..... 5

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10. Are you Spanish, Hispanic, or Latina?

YES ..... 1

NO ..... 2 → **SKIP TO Q.11**

- 10a. Are you . . .

Mexican, Mexican-American, Chicana, ..... 1

Puerto Rican, ..... 2

Cuban, or ..... 3

Other Spanish, Hispanic, or Latina? ..... 4

11. What is your race? (CIRCLE ALL THAT APPLY)

WHITE .....	01
BLACK, AFRICAN-AMERICAN, NEGRO .....	02
AMERICAN INDIAN OR ALASKAN NATIVE .....	03
ASIAN INDIAN.....	04
CHINESE .....	05
FILIPINO .....	06
OTHER ASIAN _____	07
JAPANESE .....	08
KOREAN .....	09
VIETNAMESE .....	10
NATIVE HAWAIIAN .....	11
GUAMANIAN OR CHAMORRO .....	12
SAMOAN.....	13
OTHER PACIFIC ISLANDER _____	14
SOME OTHER RACE _____	15

12. Have you received any of the following services in the last year?

	<u>YES</u>	<u>NO</u>
a. Home visiting services?	1	2
b. Smoking cessation program <u>outside</u> this clinic?	1	2
c. Alcohol treatment?	1	2
d. Drug treatment? (e.g., for substance abuse, addiction, methadone treatment)	1	2
e. Social worker support?	1	2
f. Counseling services?	1	2
g. Depression treatment?	1	2
h. Family violence services?	1	2
i. Family planning services?	1	2

13. Have you ever taken any prescribed medicine for a psychological or emotional problem, for depression, or for your "nerves" during the past year?

YES ..... 1

NO ..... 2 → **SKIP TO Q.14**

- 13a. What was the name of the medicine or what was it for? (CIRCLE ALL THAT APPLY)

ASCENDIN ..... 01  
 AVENTYL ..... 02  
 CLOZARIL ..... 03  
 DESYREL ..... 04  
 ELAVIL ..... 05  
 HALDOL ..... 06  
 LITHIUM ..... 07  
 LOXITANE ..... 08  
 LUDIOMIL ..... 09  
 MELLARIL ..... 10  
 MOBAN ..... 11  
 NARDIL ..... 12  
 NAVANE ..... 13  
 NORPRAMIN ..... 14  
 PAMELOR ..... 15  
 PARNATE ..... 16  
 PROLIXIN ..... 17  
 PROZAC ..... 18  
 SERENTIL ..... 19  
 SINEQUAN ..... 20  
 STELAZINE ..... 21  
 TEGRETOL ..... 22  
 THORAZINE ..... 23  
 TOFRANIL ..... 24  
 TRIAVIL ..... 25  
 TRILAFON ..... 26  
 VALPRIC ACID ..... 27  
 OTHER DRUG (SPECIFY) ..... 28

REASON (SPECIFY) ..... 29

14. Now I would like to ask you some questions about sources of income that you and others in your household currently receive. First, does anyone (else) in your household receive income from a job?

YES..... 1

NO..... 2

15. Do you or anyone in your household currently receive:
- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Food Stamps? .....                         | 1          | 2         |
| b. Medicaid? .....                            | 1          | 2         |
| c. WIC (Women, Infants, and Children)? .....  | 1          | 2         |
| d. Commodity Supplemental Food Program? ..... | 1          | 2         |
| e. Public assistance/TANF .....               | 1          | 2         |

16. Was the total income for everyone living in your household, before taxes and in 2000, more or less than \$2,000 per month? Please include income from jobs, rental property, social security payments, interest and any other money income received by members of your household.

1 Less than \$2,000 per month

2 More than \$2,000 per month

-8 DON'T KNOW

-9 REFUSED



16a.

Was it less than:  
[CONTINUE UNTIL 'NO']

\$1,500 per mo?      YES  
2 NO

\$1,000 per mo?      YES  
2 NO

\$500 per mo?      1 YES  
2 NO

16b.

Was it more than:  
[CONTINUE UNTIL 'NO']

\$2,500 per mo?      YES  
2 NO

\$3,000 per mo?      YES  
2 NO

\$3,500 per mo?      YES  
2 NO

\$4,000 per mo?      1 YES  
2 NO

**SKIP TO SECTION B**

## Section B. Smoking

These next questions are about cigarette smoking. For all of these questions, please count a cigar the same as a cigarette. Please also count a pipe bowl of tobacco the same as a cigarette.

1. Have you smoked more than 100 cigarettes in your life?

YES .....1

NO .....2 → **SKIP TO Q.23, PG. 12**

2. Within the six months before you found out you were pregnant, how many cigarettes did you usually smoke each day? Please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

|\_|\_| CIGARETTES

3. In the last year, how many times have you quit smoking for at least 24 hours?

|\_|\_| TIMES

4. Since learning you were pregnant, have you had at least 1 puff of a cigarette?

YES .....1

NO .....2

5. Do you currently smoke cigarettes?

YES .....1 → **SKIP TO Q. 8**

NO .....2

- 5a. Have you smoked at all, even 1 puff of a cigarette, within the six months before you knew you were pregnant and now?

YES .....1

NO .....2 → **SKIP TO Q. 22, PG. 12**



6. How long (days, weeks, months or years) has it been since you smoked at all, even a puff of a cigarette?

|\_|\_| Days

|\_|\_| Weeks

|\_|\_| Months

|\_|\_| Years

7. How confident are you that you can remain a non-smoker for the next six months?  
Would you say . . .

Not at all,.....1

Not very, .....2

Rather, or.....3

Very?.....4

**SKIP TO Q. 18, PG. 10**

8. On how many of the past 7 days did you smoke cigarettes?

|\_|\_| DAYS

NONE .....00 → **SKIP TO Q.10**

For the next question, I need you to think about your smoking habits on the days that you did smoke during the past 7 days. We are interested in your smoking habits on a typical or usual day that you smoked. Please think about the past 7 days, and select one of the days when you smoked that was typical or usual for you.

Which typical day have you selected? \_\_\_\_\_

9. On (TYPICAL DAY SELECTED BY RESPONDENT), how many cigarettes did you smoke? Please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

|\_|\_| CIGARETTES

10. Since you found out you were pregnant, have you thought about quitting smoking?

YES.....1

NO.....2

11. Since you found out you were pregnant, have you tried to cut down on your smoking?

YES.....1

NO.....2

12. Since you found out you were pregnant, how many times did you quit smoking and stay quit for at least 24 hours?

|\_\_\_\_|\_\_\_\_| TIMES

13. Are you seriously thinking about quitting smoking? (READ)

Yes, within the next 30 days.....1

Yes, within the next 6 months.....2

No, not thinking of quitting .....3

	<u>None</u>	<u>Not Much</u>	<u>Some</u>	<u>A lot</u>
14. How much would you say you want to <u>stop</u> smoking? Would you say . . .	1	2	3	4
15. How much would you say you want to <u>keep</u> smoking? Would you say . . .	1	2	3	4
16. If you tried to quit smoking, how much support or understanding do you think you would get from family, friends, and coworkers?	1	2	3	4
17. If you decided to quit smoking during the next month, how confident are you that you could do it? Would you say . . .				

Not at all,.....1

Not very, .....2

Rather, or.....3

Very?.....4

18. Since you found out you were pregnant, how much support have you received from family, friends or co-workers to help you to cut down, quit smoking, or remain a non-smoker?  
Would you say . . .

None at all, .....1  
A little, .....2  
Some, or .....3  
A lot?.....4

19. Since you found out you were pregnant, has any member of the prenatal care clinic staff (either a nurse or doctor) talked with you about cutting down, quitting smoking, or remaining a non-smoker?

YES .....1  
NO .....2

20. The following statements represent different opinions about smoking. Please rate how important each statement is to your decision to smoke. (Please use Card A to answer this question.)

	<u>Not Important</u>	<u>Slightly Important</u>	<u>Moderately Important</u>	<u>Very Important</u>	<u>Extremely Important</u>
a. Smoking cigarettes relieves tension. Is that . . .	1	2	3	4	5
b. I'm embarrassed to have to smoke. Is that . . .	1	2	3	4	5
c. Smoking helps me concentrate and do better work.	1	2	3	4	5
d. My cigarette smoking bothers other people.	1	2	3	4	5
e. I am relaxed and therefore more pleasant when smoking.	1	2	3	4	5
f. People think I'm foolish for ignoring the warnings about cigarette smoking.	1	2	3	4	5

21. The following experiences can affect the smoking habits of some people. Think of any similar experiences you may be currently having or have had in the last month. Then tell me whether this happened to you never, seldom, occasionally, often, or repeatedly in the last month. (Please use Card B to answer this question.)

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
a. When I am tempted to smoke I think about something else. In the last month, did this happen . . .	1	2	3	4	5
b. I tell myself I can quit if I want to. In the last month, did this happen . . .	1	2	3	4	5
c. I recall information people have given me on the benefits of quitting smoking.	1	2	3	4	5
d. I can expect to be rewarded by others if I don't smoke.	1	2	3	4	5
e. I stop to think that my smoking is harmful to my baby.	1	2	3	4	5
f. I get upset when I think about my smoking.	1	2	3	4	5
g. I remove things from my home or place of work that remind me of smoking.	1	2	3	4	5
h. I have someone who listens when I need to talk about my smoking. In the last month, did this happen . . .	1	2	3	4	5
i. I think about information from articles and ads about how to stop smoking.	1	2	3	4	5
j. I consider that being around others who smoke can be harmful to the baby.	1	2	3	4	5
k. I tell myself that if I try hard enough I can keep from smoking.	1	2	3	4	5

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
l. My need for cigarettes makes me feel disappointed in myself.	1	2	3	4	5
m. I have someone I can count on when I'm having problems with smoking. In the last month, did this happen . . .	1	2	3	4	5
n. I do something else instead of smoking when I need to relax.	1	2	3	4	5
o. I keep things around my home or place of work that remind me not to smoke.	1	2	3	4	5
p. I am rewarded by others if I don't smoke.	1	2	3	4	5
22. When answering the following questions, please continue to also think about cigars and pipe tobacco when I ask you about cigarettes. How much do you think that cigarette smoking can harm your unborn child's health? Would you say . . .					
None,.....	1				
Not much,.....	2				
Some, or .....	3				
A lot?.....	4				
DON'T KNOW.....	-8				
23. How much do you think that being around other people who are smoking cigarettes can harm your baby's health? Would you say . . .					
None.....	1				
Not much.....	2				
Some .....	3				
A lot .....	4				
DON'T KNOW.....	-8				

24. How many of your family members and friends whom you see regularly are cigarette smokers? Would you say . . .

None .....1  
Few .....2  
Some .....3  
Most .....4

25. Does your current husband or boyfriend smoke cigarettes?

YES ..... 1  
NO ..... 2 → **SKIP TO Q. 26**  
NOT APPLICABLE .....-7 → **SKIP TO Q.26**

- 25a. About how many cigarettes does he smoke a day? Please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

|\_|\_| CIGARETTES

DON'T KNOW .....-8

26. How many cigarette smokers, not including yourself, live in your home? |\_|\_| SMOKERS

Next, I would like to ask you about other people who might have smoked inside your home during the past 7 days. These could be people you live with, people who were staying with you, or visitors. When I ask about cigarettes, please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

27. On how many of the past 7 days did anyone else, other than yourself, smoke cigarettes inside your home?

|\_|\_| DAYS

NONE ..... 00 → **SKIP TO Q.30**

28. On the days when other people smoked inside your home during the past 7 days, what was the average number of cigarettes smoked in a day?

|\_|\_| CIGARETTES

For the next question, I need you to think about a typical or usual day when other people, besides yourself, smoked inside your home. Please think about the past 7 days, and select a day that was typical or usual.

Which typical day have you selected? \_\_\_\_\_

29. Please estimate the total number of these other people's cigarettes you were exposed to inside your home on [TYPICAL DAY SELECTED BY RESPONDENT]. When I say, "exposed," I mean you were in the same room when any part of the cigarette was smoked.

|\_|\_|\_| CIGARETTES

30. How is cigarette smoking handled in your home? (READ)

No one is allowed to smoke in your home. .... 1

Only special guests are allowed to smoke in your home. .... 2

People are allowed to smoke only in certain areas of your home.... 3

People are allowed to smoke anywhere in your home..... 4

31. Which one of the following statements best describes the extent to which other people, other than you, smoke cigarettes in your home? (READ)

No one living in my home smokes cigarettes,  
and visitors never smoke in my home..... 1

No one living in my home smokes cigarettes,  
but visitors smoke in my home.....2

Others living in my home smoke cigarettes,  
but visitors do not smoke in my home..... 3

Others living in my home smoke cigarettes,  
and visitors smoke in my home.....4

Next, I am going to ask you about any other places away from your home that you were exposed to cigarette smoke during the last 7 days such as in the car, at a relative's house, at a social event, or at your workplace. As before, please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

32. Please estimate the total number of cigarettes you were exposed to in any other places away from your home on a typical day in the past 7 days. When I say, "exposed," I mean you were in the same room or area when any part of the cigarette was smoked.

|\_|\_|\_| CIGARETTES

33. Since you became pregnant, did your current husband or boyfriend quit smoking cigarettes as a result of your efforts to quit smoking or because of your advice, or any materials provided during your prenatal care by your clinic/doctor's office/health plan?

YES .....1  
NO .....2  
NOT APPLICABLE .....-7

34. Since you became pregnant, did anyone else who smoked inside your home quit smoking cigarettes as a result of your efforts to quit smoking or because of your advice, or any materials provided during your prenatal care by your clinic/doctor's office/health plan? This could be someone you live with, someone who was staying with you, or a visitor, other than your current husband or boyfriend.

YES .....1  
NO .....2  
NOT APPLICABLE .....-7

35. If you decided you did not want other people to smoke around you during the next month, how confident are you that you could stop them? Would you say . . .

Not at all, .....1  
Not very, .....2  
Rather, or .....3  
Very? .....4  
DON'T KNOW .....-8

36. If you asked your family, friends, and coworkers not to smoke around you, how much support or understanding do you think you would get? Would you say. . .

None, .....1  
Not much, .....2  
Some, or .....3  
A lot? .....4  
DON'T KNOW .....-8



### Section C. Drug Use and Other Risk Behaviors

These questions are about alcohol and drugs.

1. During this pregnancy, how often have you drank any beer? Would you say . . .

Every day or almost every day, .....1  
3 or 4 times a week, .....2  
1 or 2 times a week, .....3  
1 to 3 times a month, .....4  
Once or twice, or .....5  
You did not drink any beer? .....6

2. During this pregnancy, how often have you drank any wine? Would you say . . .

Every day or almost every day, .....1  
3 or 4 times a week, .....2  
1 or 2 times a week, .....3  
1 to 3 times a month, .....4  
Once or twice, or .....5  
You did not drink any wine? .....6

3. During this pregnancy, how often have you drank any wine coolers? Would you say. . .

Every day or almost every day, .....1  
3 or 4 times a week, .....2  
1 or 2 times a week, .....3  
1 to 3 times a month, .....4  
Once or twice, or .....5  
You did not drink any wine coolers? .....6

4. During this pregnancy, how often have you drank any liquor, such as vodka, gin, scotch bourbon, tequila, brandy, or liqueur? Would you say. . .

Every day or almost every day, .....1  
 3 or 4 times a week, .....2  
 1 or 2 times a week, .....3  
 1 to 3 times a month, .....4  
 Once or twice, or .....5  
 You did not drink any liquor? .....6

5. Since learning you were pregnant, have you used any of the following drugs?

	<u>YES</u>	<u>NO</u>
a. Marijuana? .....	1	2
b. Cocaine?.....	1	2
c. Heroin?.....	1	2
d. LSD? .....	1	2
e. Amphetamines (uppers)? .....	1	2
f. Sedatives or tranquilizers (downers, nerve pills, pain killers)? .....	1	2
g. Other drugs?.....	1	2

IF "YES" TO ANY IN Q.5, ASK:

6. How do you usually take this/these drug(s)? By . . . (CIRCLE ALL THAT APPLY)

a. Smoking ..... 1  
 b. Snorting,..... 2  
 c. Inhaling ..... 3  
 d. Shooting up ..... 4  
 e. Swallowing (orally) ..... 5

## Section D. Hopkins Symptom Check List

Now I would like to ask how you have been feeling recently. The following questions ask how much you were distressed by various symptoms in the past month. The categories are: Not at all, A little bit, Moderately, Quite a bit, and Extremely. (Please use Card C.)

Overall, in the past month, how much were you distressed by . . .

		Not at all	A little bit	Moderately	Quite a bit	Extremely
1.	Feeling lonely or blue. Would you say. . .	0	1	2	3	4
2.	Feeling hopeless about the future. Would you say. . .	0	1	2	3	4
3.	Feeling no interest in things.	0	1	2	3	4
4.	Inability to take pleasure in things.	0	1	2	3	4
5.	Poor appetite.	0	1	2	3	4
6.	Overeating.	0	1	2	3	4

In the past month, how much were you distressed by . . .

7.	Trouble falling asleep. Would you say. . .	0	1	2	3	4
8.	Awakening in the early morning.	0	1	2	3	4
9.	Sleep that is restless and disturbed.	0	1	2	3	4
10.	Thinking, speaking, and moving at a slower pace.	0	1	2	3	4
11.	Feeling so restless you couldn't sit still.	0	1	2	3	4
12.	Thoughts of death or dying.	0	1	2	3	4
13.	Thoughts of ending your life.	0	1	2	3	4

In the past month, how much were you distressed by. . .

14.	Feeling low in energy or slowed down. Would you say . . .	0	1	2	3	4
15.	Feeling everything is an effort.	0	1	2	3	4
16.	Blaming yourself for things.	0	1	2	3	4
17.	Feelings of worthlessness.	0	1	2	3	4
18.	Feelings of guilt.	0	1	2	3	4
19.	Trouble concentrating.	0	1	2	3	4
20.	Difficulty making decisions.	0	1	2	3	4

## Section E. Revised Conflict Tactics Scale

For the next questions, I would like for you to think about all of the different partner relationships you have had during the past year, whether you are currently with this or these partners or not, as you answer these next questions.

1. How many different partners have you had within the past year?
2. No matter how well any couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. Please tell me how many times you did each of the following things to any of your partners in the past year, and how many times any of your partners did these things to you in the past year. If you or (any of) your partner(s) did not do one of these things in the past year, but it happened between and any partners anytime before, just tell me that.

1=	Once in the past year	5=	11-20 times in the past year
2=	Twice in the past year	6=	More than 20 times in the past year
3=	3-5 times in the past year	7=	Not in the past year, but it did happen before (anytime in life)
4=	6-10 times in the past year	0=	This never happened

- |    |   |   |   |   |   |   |   |   |   |
|----|---|---|---|---|---|---|---|---|---|
| a. | I threw something at my partner that could hurt. How many times in the <u>past year</u> did this happen?    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| b. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| c. | I <u>made</u> my partner have sex without a condom. How many times in the <u>past year</u> did this happen? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| d. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| e. | I pushed or shoved my partner.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| f. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| g. | I used force, like hitting, holding down, or using a weapon to make my partner have oral or anal sex.       | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| h. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| i. | I used a knife or gun on my partner.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| j. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| k. | I punched or hit my partner with something that could hurt.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| l. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| m. | I choked my partner. How many times in the <u>past year</u> did this happen?                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| n. | My partner did this to me.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |

1=	Once in the past year	5=	11-20 times in the past year
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3=	3-5 times in the past year	7=	Not in the past year, but it did happen before (anytime in life)
4=	6-10 times in the past year	0=	This never happened

o.	I slammed my partner against a wall.	1	2	3	4	5	6	7	0
p.	My partner did this to me.	1	2	3	4	5	6	7	0
q.	I grabbed my partner.	1	2	3	4	5	6	7	0
r.	My partner did this to me.	1	2	3	4	5	6	7	0
s.	I used force, like hitting, holding down, or using a weapon, to make my partner have sex.	1	2	3	4	5	6	7	0
t.	My partner did this to me.	1	2	3	4	5	6	7	0
u.	I <u>insisted</u> on sex when my partner did not want to, but did not use physical force.	1	2	3	4	5	6	7	0
v.	My partner did this to me.	1	2	3	4	5	6	7	0
w.	I slapped my partner. How many times in the <u>past year</u> did this happen?	1	2	3	4	5	6	7	0
x.	My partner did this to me.	1	2	3	4	5	6	7	0
y.	I used threats to make my partner have oral or anal sex.	1	2	3	4	5	6	7	0
z.	My partner did this to me.	1	2	3	4	5	6	7	0
aa.	I burned or scalded my partner on purpose.	1	2	3	4	5	6	7	0
bb.	My partner did this to me.	1	2	3	4	5	6	7	0
cc.	I <u>insisted</u> my partner have oral or anal sex, but did not use physical force.	1	2	3	4	5	6	7	0
dd.	My partner did this to me.	1	2	3	4	5	6	7	0
ee.	I kicked my partner.	1	2	3	4	5	6	7	0
ff.	My partner did this to me.	1	2	3	4	5	6	7	0
gg.	I used threats to make my partner have sex.	1	2	3	4	5	6	7	0
hh.	My partner did this to me.	1	2	3	4	5	6	7	0

**IF ALL ITEMS ARE “0”, SKIP TO SECTION F**

3. Have any of these things occurred since you have been pregnant?
- YES ..... 1
- NO ..... 2
4. Did (this/these) occur with your. . . (CIRCLE ALL THAT APPLY)
- Husband ..... 1
- Ex-husband ..... 2
- Boyfriend ..... 3
- Ex-boyfriend ..... 4
- Someone else?..... 5
5. Within the past year, did you ever think about or do any of the following things because of the situations or events I just asked you about.

	a. Did you think about . . .		<b><u>IF YES:</u></b> b. Did you do this?	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
(1) Leaving the house temporarily?	1	2	1	2
(2) Separating from your partner temporarily?	1	2	1	2
(3) Going to live with a friend or family member?	1	2	1	2
(4) Breaking up with your partner?	1	2	1	2
(5) Not seeing your partner at all any more?	1	2	1	2
(6) Calling a family member or friend to help?	1	2	1	2
(7) Calling the police to help?	1	2	1	2
(8) Filing a temporary restraining order against your partner?	1	2	1	2
(9) Filing a civil protection order against your partner?	1	2	1	2

## Section F. Safety Assessment

1. Within the past year, did you ever think about developing a safety plan in case the situations or events I just talked about happened to you?

YES .....1

NO .....2 → **SKIP TO Q.2**

- 1a. Did you actually develop a safety plan in the past year?

YES .....1

NO .....2

2. The following actions can increase the safety of women in relationships where these types of situations or events we just talked about happen. Thinking back over the past year, have you ever . . . (CIRCLE ONE FOR EACH ITEM) (IF “YES”, PROBE: “Was this since this pregnancy?” IF “YES”, CIRCLE “2”).

	<u>YES IN IN PAST YEAR</u>	<u>YES, SINCE PREGNANT</u>	<u>NO</u>
a. Hid money?	1	2	3
b. Hid an extra set of house and car keys?	1	2	3
c. Established a code with your family and friends that you are in trouble?	1	2	3
d. Asked a neighbor to call police if violence begins?	1	2	3
e. Removed weapons?	1	2	3

Having the following items available can increase the safety of women in relationships where these types of situations or events we just talked about happen. Thinking back over the past year, have you ever had available . . .

f. Social security numbers (his, yours, children's)?	1	2	3
g. Rent and utility receipts?	1	2	3
h. Birth certificates?	1	2	3
i. Drivers license (yours and the children's)?	1	2	3
j. Bank account numbers?	1	2	3
k. Insurance policies and numbers?	1	2	3
l. Marriage license?	1	2	3
m. Valuable jewelry?	1	2	3
n. Important phone numbers?	1	2	3
o. Have you ever hid a bag with extra clothing?	1	2	3

## Section G. Pregnancy History/Wantedness

Now, I'd like to ask about this pregnancy and others you may have had.

1. Including this pregnancy, altogether, how many times have you been pregnant? |\_\_|\_\_|

1a. How many living babies have you given birth to? |\_\_|\_\_|

None.....00 → **SKIP TO Q. 2**

1b. What was the approximate birth weight of each baby born alive?

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs. DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs. DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

|\_\_|\_\_| lbs. |\_\_|\_\_| ozs DON'T KNOW.....-8

2. How many miscarriages have you had? |\_\_|\_\_|

3. How many stillbirths have you had? |\_\_|\_\_|

4. How many abortions have you had? |\_\_|\_\_|

5. How many weeks pregnant are you now? |\_\_|\_\_|

6. How old was your youngest child when you became pregnant this time? |\_\_|\_\_|

NO OTHER CHILDREN .....-7

7. When did you first learn that you were pregnant? |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
MO DAY YEAR

DON'T KNOW.....-8



8. When was your first prenatal visit for this pregnancy? That is, the first time during this pregnancy that you were seen by a doctor or nurse for a physical exam?

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|\_|\_|  
MO DAY YEAR

DON'T KNOW.....-8

9. When is your baby due?

|\_|\_|\_| - |\_|\_|\_| - |\_|\_|\_|\_|\_|\_|  
MO DAY YEAR

- 9a. IF DON'T KNOW: How many weeks has it been since your last period?

|\_|\_| WEEKS

10. Were you using any family planning methods to prevent pregnancy the month before you became pregnant this time?

YES .....1 → **(SKIP TO Q.12)**

NO .....2

11. Was the reason you were not using any family planning methods because you yourself wanted to become pregnant?

YES .....1 → **SKIP TO Q.16**

NO .....2

The next few questions are important. They are about how you felt when you became pregnant this time.

12. At the time you became pregnant, did you yourself actually want to have a(nother) baby at some time?

YES .....1 → **SKIP TO Q.14**

NO .....2 → **SKIP TO BOX A**

NOT SURE, DON'T KNOW .....-8

13. It is sometimes difficult to recall these things but, just before your pregnancy began, would you say you probably wanted a baby or probably not?

PROBABLY YES .....1

PROBABLY NO .....2 → **SKIP TO BOX A**

DIDN'T CARE .....3 → **SKIP TO BOX A**

14. Did you become pregnant sooner than you wanted, later than you wanted, or at about the right time?

SOONER .....1 → **GO TO BOX A**

RIGHT TIME .....2 → **SKIP TO Q.16**

LATER .....3 → **SKIP TO Q.16**

DIDN'T CARE .....4 → **GO TO BOX A**

**BOX A**

**INTERVIEWER:** IF Q. 10 = 1, ASK 15a  
IF Q. 10 = 2, ASK 15b

- 15a. It sounds as though you did not want to or plan to get pregnant, but it happened anyway. Do you think the reason you became pregnant was because your family planning methods did not work, because you were using them inconsistently or using them incorrectly? (CIRCLE ALL THAT APPLY)

METHODS DID NOT WORK.....1  
 INCONSISTENT USE .....2  
 INCORRECT USE .....3  
 DON' T KNOW .....-8

**SKIP TO Q. 16**

- 15b. It sounds as though you did not want to or plan to get pregnant, but it happened anyway. Can you tell me why you, your husband or partner was not using any family planning methods at that time? (CIRCLE ALL THAT APPLY)

I DID NOT THINK I COULD GET PREGNANT ..... 1  
 I HAD BEEN HAVING SIDE EFFECTS FROM FAMILY PLANNING  
 METHODS ..... 2  
 I DID NOT WANT TO USE FAMILY PLANNING METHODS ..... 3  
 I DID NOT THINK I WAS GOING TO HAVE SEX ..... 4  
 MY PARTNER DID NOT WANT TO USE FAMILY PLANNING METHODS..... 5  
 FAMILY PLANNING METHODS ARE BAD FOR YOUR HEALTH..... 6  
 OTHER (SPECIFY)\_\_\_\_\_ 7

16. Which number between “1” and “10” best describes how you felt when you found out you were pregnant. A “1” means that you were “Very Unhappy To Be Pregnant” and a “10” means that you were “Very Happy To Be Pregnant”. (Please use Card D, Scale #1)

1	2	3	4	5	6	7	8	9	10
VERY UNHAPPY					VERY HAPPY				
TO BE PREGNANT					TO BE PREGNANT				

17. I am going to read you some statements. For each statement, which number between “1” and “10” best describes your opinion about becoming pregnant. A “1” means that you “Strongly Disagree” with the statement and a “10” means that you “Strongly Agree” with the statement. (Please use Card D, Scale #2)

1	2	3	4	5	6	7	8	9	10
STRONGLY							STRONGLY		
DISAGREE							AGREE		

- a. I thought that having a baby would keep me from doing the things that I wanted to do in my life (like working, going to school, going out and so on). A “1” means that you “Strongly Disagree” with the statement and a “10” means that you “Strongly Agree” with the statement. ....# \_\_\_\_\_
  - b. I looked forward to the new experiences that having a baby would bring. A “1” means that you “Strongly Disagree” with the statement and a “10” means that you “Strongly Agree” with the statement. ....# \_\_\_\_\_
  - c. I was worried that I did not have enough money to take care of this baby. ....# \_\_\_\_\_
  - d. I looked forward to buying and getting things for a new baby. ....# \_\_\_\_\_
  - e. I thought my partner would not want me to have this baby. ....# \_\_\_\_\_
  - f. I looked forward to the father, the baby and I being a family together. ....# \_\_\_\_\_
  - g. I thought that having a(nother) baby would be more than I could handle. ....# \_\_\_\_\_
  - h. I thought that my family and friends would be happy that I was pregnant. . ....# \_\_\_\_\_
18. At the time you became pregnant, did the father of this baby want to have a baby with you at some time?

YES .....1

NO .....2

NOT SURE, DON'T KNOW .....-8

## Section H. Knowledge

Please tell me whether you think each of the following statements is true or false, or if you do not know.

	<u>True</u>	<u>False</u>	<u>Don't Know</u>
1. Even if your partner says "I had herpes once, but don't anymore", you can still get infected.	1	2	-8
2. A woman who becomes pregnant within one year of having a child is more likely to have a lower weight baby.	1	2	-8
3. The time women can get pregnant occurs on only one day in each menstrual cycle.	1	2	-8
4. For most sexually transmitted diseases, women usually get early symptoms or warning signs.	1	2	-8
5. Thin white vaginal discharge with a slight odor is normal for women.	1	2	-8
6. Waiting 2 to 3 months to get pregnant again gives parents plenty of time with their first baby to promote development.	1	2	-8
7. Babies are protected in the womb from getting a sexually transmitted disease from their mother.	1	2	-8
8. Some vaginal infections can cause pre-term labor.	1	2	-8
9. Frequent douching increases the likelihood that pregnant women will get vaginal infections.	1	2	-8
10. Women need at least a year to build up their body strength before having another baby.	1	2	-8

## Section I. Support Behavior Inventory

This next set of questions asks how satisfied you are with the amount of support you receive from your partner and/or other people.

1. First, do you currently have a partner?

YES .....1

NO.....2 → **SKIP TO Q.4, PG. 30**

2. Is your current partner the father of this baby?

YES .....1 → **SKIP TO Q.4**

NO .....2

NOT SURE .....-8 → **SKIP TO Q.4**

3. How supportive of you has he been? Would you say . . .

Not at all supportive, .....1

Not very supportive, .....2

Somewhat supportive, .....3

Very supportive, or .....4

Extremely supportive? .....5

4. IF R HAS A CURRENT PARTNER, ASK ABOUT (a) PARTNER AND (b) OTHER PEOPLE.  
IF R DOES NOT HAVE A CURRENT PARTNER, ASK ONLY ABOUT (b) OTHER PEOPLE.

Now, I will read you a list of statements describing types of support. If “1” is “very dissatisfied” and “6” is “very satisfied”, how satisfied are you with the support you currently receive from (your partner/other people). (Please use Card D, Scale #3).

		a. <u>PARTNER</u>						b. <u>OTHER PEOPLE</u>					
		Very Dissatisfied			Very Satisfied			Very Dissatisfied			Very Satisfied		
(1)	Shares similar experiences with me. “1” is “very dissatisfied” and “6” is “very satisfied”	1	2	3	4	5	6	1	2	3	4	5	6
(2)	Helps keep up my morale. “1” is “very dissatisfied” and “6” is “very satisfied”.	1	2	3	4	5	6	1	2	3	4	5	6
(3)	Helps me out when I'm in a pinch.	1	2	3	4	5	6	1	2	3	4	5	6
(4)	Shows interest in my daily activities and problems.	1	2	3	4	5	6	1	2	3	4	5	6
(5)	Goes out of his/her way to do special or thoughtful things for me.	1	2	3	4	5	6	1	2	3	4	5	6
(6)	Allows me to talk about things that are very personal and private. “1” is “very dissatisfied” and “6” is “very satisfied”.	1	2	3	4	5	6	1	2	3	4	5	6
(7)	Lets me know I am appreciated for the things I do for him/her.	1	2	3	4	5	6	1	2	3	4	5	6
(8)	Tolerates my ups and downs and unusual behaviors.	1	2	3	4	5	6	1	2	3	4	5	6
(9)	Takes me seriously when I have concerns.	1	2	3	4	5	6	1	2	3	4	5	6
(10)	Says things that make my situation clearer and easier to understand.	1	2	3	4	5	6	1	2	3	4	5	6
(11)	Lets me know that he/she will be around if I need assistance.	1	2	3	4	5	6	1	2	3	4	5	6

IF RESPONDENT HAS PARTNER: Now I will read these statements again, and I want you to tell me how satisfied you are with the support you receive from people other than your partner.

## Section J. Negative Mood Regulation Scale

These next questions find out what people believe they can do about upsetting emotions or feelings. Please answer each statement by giving as true a picture of your own beliefs right now as possible. Remember, these questions are about what you believe you can do, not about what you actually or usually do. (Please use Card E.)

	Strongly <u>disagree</u>	Mildly <u>disagree</u>	Agree and <u>disagree equally</u>	Mildly <u>agree</u>	Strongly <u>agree</u>
1. I can usually find a way to cheer myself up. Do you . . .	1	2	3	4	5
2. I can do something to feel better. Do you . . .	1	2	3	4	5

Again, these questions are about what you believe you can do, not about what you actually or usually do.

3. I can feel better by treating myself to something I like.	1	2	3	4	5
4. I won't feel better by trying to find some good in a situation.	1	2	3	4	5
5. Telling myself it will pass will help me calm down.	1	2	3	4	5
6. Doing something nice for someone else will cheer me up.	1	2	3	4	5
7. I'll end up feeling really depressed. Do you . . .	1	2	3	4	5

These questions are about what you believe you can do, not about what you actually or usually do.

8. I can find a way to relax.	1	2	3	4	5
9. Seeing a movie won't help me feel better.	1	2	3	4	5
10. Going out to dinner with friends will help.	1	2	3	4	5
11. I'll be upset for a long time. Do you . . .	1	2	3	4	5
12. I won't be able to put it out of my mind.	1	2	3	4	5
13. I can feel better by doing something creative.	1	2	3	4	5
14. Thinking that things will eventually be better won't help me feel any better.	1	2	3	4	5
15. I can find some humor in the situation and feel better.	1	2	3	4	5



:   am / pm

DATE INTERVIEW COMPLETED:    -    -      
MO DAY YEAR

INTERVIEWER ID #: 

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INTERVIEW CONDUCTED: BY TELEPHONE .....1  
IN PERSON .....2

## UPDATE CONTACT INFORMATION

NOTES:

This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.